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III.

DEAR EDITOR: I want to say how pleased I was to have Miss Goodrich's address to the Army School of Nursing. Those of us who know Miss Goodrich, know how deeply she feels with and for the nursing profession, but that address must surely have been an inspiration to the younger women. I wish the pupils in every training school might have it, or that the superintendents would read it to them. In the February JOURNAL I was pleased to see the article on Lip Reading, as it is something nurses should know about. I have studied it and find it a great aid in helping me to see what is being said and also because of its bearing on one's mental attitude. I was always interested in meetings and organization work, but I had to discontinue attending them, as I heard so little. Now, while I do not get everything, I at least know something and can inquire more intelligently; I also find it better to concentrate attention on the speaker rather than allow my thoughts to dwell on my handicap. It makes me feel that, after all, everything is worth while. Lip reading has something the same relationship to deafness as eye glasses have to the impairment of sight.

Pennsylvania

M. A. P.

HOURS OF DUTY

DEAR EDITOR: Nursing hours are surely a problem, but if we all felt as E. E. N. does in the February issue, and advocated nothing more than 12-hour duty, I should extend sympathy to the public, particularly the moderate purse which would be drained of \$70 to \$84 per week, plus the physician's fee, in case of an illness where nursing is required. True, if all 24-hour cases were such as she mentioned, when less than six hours' undisturbed sleep, and no recreation is endured, one would have to develop an everlasting rather than a temporary stoicism, but we know such conditions are not always prevalent. I believe in self preservation and recreation, but I manage to have a great deal of that when off duty. No private duty nurse can, regardless of constitution, minister the whole time of 365 days per year. I, like a great many other nurses, rather like 24-hour duty, and I have had some very favorable cases. When in a hospital, it is quite safe to leave a patient for the required time, likewise in a private home, there is generally someone who can do minor duties during the nurse's absence of time for rest and recreation. There are many chronic diseases, as we all know, and for this type of case whose duration is uncertain, an extra nurse would be rather a luxury. Acute infectious diseases, desperately ill medical and surgical cases, if cared for at home, and where life is at stake, without the slightest doubt require two nurses, and sometimes even three would not be superfluous. Now, instead of assuming the attitude of E. E. N., though she means well for us, let's say we'll let "circumstances alter cases." Speaking of church, I find in most instances, if an effort is made, unless with a very ill patient, when such service is "love to God through service," one can manage to get to church unless it be at a distance out of question. Generally the patient, on your leaving for church, requests you to say a prayer for him or her. Is this not so?

Pennsylvania

L. Z.

NEED OF PEDIATRIC TRAINING FOR NURSES

DEAR EDITOR: The need for pediatric nurses is becoming a problem to be solved. The medical world has at last been awakened to the fact that our next generation depends upon the proper care and treatment of the present.